									Application or Docket Numbe					ber
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										(	29	66	134	11
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMA TYP		ENTITY	OR	OTHER SMALL	
FC	)R		NUMBE	R FILED		NUMBER	NUMBER EXTRA			E	FEE	]	RATE	FEE
ВА	SIC FEE		Clark.							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	345.00	OR	200	690.00
TOTAL CLAIMS			35 minus 20			- 15			X\$ 9=			OR	X\$18=	200
INDEPENDENT CLAIMS			L	minus	3 =				X39=		OR	X78=	175	
MU	MULTIPLE DEPENDENT CLAIM PRESENT									+130=			+260=	-
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL			OR	TOTAL	1038
	C				<u> </u>	4	OTHER							
	Terrese (applications) (Constitution		umn 1) -AIMS	المعروب يوالدا		Column 2) HIGHEST	(Column 3)	SMALL		LLI		OR	SMALL	
<b>ENT A</b>		REM Al	LAIMS MAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total			Minus	**		=		X\$ 9	=		OR	X\$18=	
AME	Independent	·		Minus	***	<del> </del>	=	I	X39:	-		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENE	DENT CLAIN	<u>/</u>	Ì	. 120			1	+260=	
									+130			OR	+260= TOTAL	
									ADDIT. F			OR	ADDIT. FEE	
AMENDMENT B		CL	umn 1) _AIMS	<b>数据数数</b>		Column 2) HIGHEST	(Column 3)	Г		7	ADDI-	1	· · · · · · · · · · · · · · · · · · ·	ADDI-
		A	IAINING FTER VDMENT:		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	Ε	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**		=		X\$ 9	-		OR	X\$18=	
	Independent	•		Minus	. ***		=	Ī	X39=	-	1	OR	X78=	
	FIRST PRESE	NTATIC	ON OF MU	ILTIPLE DEP	,END	DENT CLAIN	<u>/</u>	ŀ	100	٦		1 1	200	
								L	+130:			OR	+260= TOTAL	
		A	TOT ADDIT. F		<u> </u>	OR ,	ADDIT. FEE							
_	Policy Control of the		umn 1) AIMS	Budge of		Column 2) HIGHEST	(Column 3)	_						
AMENDMENT C		REM AF	AINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	*		=		X\$ 9=	_		OR	X\$18=	
	Independent	•		Minus	***	k	=	ŀ	X39=	1			X78=	
	FIRST PRESE	NTATIC	ON OF MU	LTIPLE DEP	'ENE	DENT CLAIM	Л	ŀ		$\dashv$		OR	7,5-	
• 14	ورامه ما سفود عمارية	- 4:-1	4l 4l-		· = 0	to a healt time.		L	+130=			OR	+260=	
•••	f the entry in colun If the "Highest Nun If the "Highest Nun The "Highest Num	mber Pre mber Pre	eviously Pai eviously Pa	id For" IN THIS aid For" IN THIS	S SPA S SPA	ACE is less that ACE is less that	an 20, enter "20." an 3, enter "3."		TOT DDIT. Fi nd in the	EE	ropriate bo		TOTAL ADDIT. FEE Jumn 1.	